No commitment regarding naming shall be made to an honoree or donor prior to approval of the naming request/change. Complete this form and submit it (and dossier described below) to your dean (or highest level supervisor if your area is not under the direction of a dean).

Individual Submitting Naming Request/Change: ________________________________

Department: ___________________________ Phone: _______________________

Signature: ___________________________ Date: _______________________

A complete naming request/change includes a dossier that addresses and verifies all of the applicable criteria in UND Naming policy 1.5, including:

1. A precise description of the facility, organization, scholarship or fellowship to be named/changed;
2. The exact name to be adopted;
3. The basis or reason for the naming/change; for honorific names, why the proposed name is appropriate to the facility, organization, scholarship or fellowship;
4. A description of the due diligence that has been performed on an individual for whom the facility, organization, scholarship or fellowship is to be named/changed;
5. For honorific names, whether the individual is currently a public official;
6. For philanthropic names, analysis and approval by UND Foundation. (The Foundation’s analysis should usually include consideration of the net present value of the gift, other contributions and activities of the donor, consistency with announced gift opportunity amounts, consistency with other UND gift amount policies, and other naming opportunities);
7. Approvals by the relevant department, school, and campus leadership (as appropriate); and
8. If the naming is for someone other than a donor, formal permission of that person or his/her authorized representative.

This request/change form (including dossier) has been reviewed by:

Dean (or highest level supervisor)
Signature: ___________________________ Date: _______________________

Vice President
Signature: ___________________________ Date: _______________________

UND Foundation Chief Executive Officer (if request needs or is tied to donations)
Signature: ___________________________ Date: _______________________

This request/change form (including dossier) has been reviewed by the Naming Committee.
Committee Recommendation: ☐ Approve ☐ Deny
Comments: _______________________________________________________
_______________________________________________________________
Signature of Committee Representative: ___________________________ Date: _______________________

This request/change form (including dossier) has been reviewed by the President.
Presidential Recommendation: ☐ Approve ☐ Deny
Comments: _______________________________________________________
_______________________________________________________________
Signature of President: ___________________________________________ Date: _______________________